

**MEDICAID PLANNING QUESTIONNAIRE**

\_\_\_\_\_  
Today's date

Primary contact information (all correspondence will go to this individual):

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Fax \_\_\_\_\_ e-mail \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

Applicant Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Former Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Nursing Home Entry Date \_\_\_\_\_

Soc Sec # \_\_\_\_\_ Is Client a U. S. citizen?  Yes  No

Spouse's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birth date \_\_\_\_\_ Soc Sec # \_\_\_\_\_ e-mail \_\_\_\_\_

County of Residence \_\_\_\_\_ Date of Marriage \_\_\_\_\_

**Client's Children (use full name) Birth Date**

_____	_____
_____	_____
_____	_____
_____	_____

**Spouse's Children (if different from above)**

**Birth Date**

_____	_____
_____	_____
_____	_____
_____	_____



### LIST OTHER ASSETS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

## **Materials Needed for Medicaid Application**

### **WHAT IS NEEDED IMMEDIATELY FOR AN APP...**

#### **Copies of (no originals) for Applicant AND Spouse, if Married):**

- Social Security cards.
- Medical Supplement cards (Medicare and/or Private Insurance). Copy front and back.
- Birth Certificates.
- Complete copies, all pages of financial statements (incl. checks) beginning 90 days prior to institutionalization.
- All deeds owned in the last 5 years.
- Power of Attorney AND Authorization to Represent with DHS form (last page of fee agreement).
- Marriage license (if married).
- Property tax statements and receipts for last year.
- Utility bills for last 90 days.
- Copies of all life insurance policies/contracts of Medicaid Applicant including cash values.
- All burial policies.

#### **Verification of:**

- All income. Formal statement of income from income provider is required. Social Security end-of-year gross/net benefit page.
- Rent/Mortgage of Medicaid Applicant's spouse (if married).
- Homeowners' Insurance premium for Medicaid Applicant's spouse (if married). Declarations sheet (front page of policy) should provide Insurer, premium, limits, etc.
- All medical supplement premiums (verification from Insurer).

#### **General Information needed:**

- Date of institutionalization for Medicaid Applicant.
- Mailing address and phone number of institution.
- Former address of Medicaid Applicant and how long at that address.
- Make and model of vehicle owned.

### **WHAT IS NEEDED EACH MONTH THEREAFTER...**

#### **Copies of:**

- Complete copies (all pages) Monthly bank and brokerage statements (including copies of checks)